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| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|-------------|----------------|---------|--------------------|------------------|
| I hereby appoint: | | | | | | | |
| x Practitioners associated with the Customer Number OR Practitioner(s) named below (if more than ten patent pra | | | | | | customer numbe | r must be used): |
| | Name Registratio | | | | | | Registration |
| | Name | | Number | | | | Number |
| as attorney(s) or | agent(s) to represent the undersig | ned before the Unite | d States Pa | atent and Trad | emark O | ffice (USPTO) in o | connection with |
| any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). | | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | | |
| X The address | ımber: | 97 | 075 | | | | |
| OR | | | | | | | |
| Firm or Individual Name | | | | | | | |
| Address | | | | | | | |
| City | | State | | Z | ip. | | |
| Country | | Telephone | | E | mail | | |
| Assignee Name and Address: Opto-Knowledge Systems, Inc. 19805 Hamilton Avenue Torrance, CA 90502-1341 UNITED STATES OF AMERICA | | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. | | | | | | | |
| SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | |
| Signature | yatta :D | n=Joel Gat, o=OptoKnowledge, evelopment, email=joel@oksi.c Df0.10.22 10:50:34 -07'00' | | Date | | 22-00 | t-2010 |
| Name | Joel Gat | | | Telephone |) | (310) 75 | 66-0520 |
| Title In-House Counsel | | | | | | | |